

APPLICATION FOR VEHICLE FINANCE**GOODSDESCRIPTION-ASPERVEHICLEQUOTE:**
 Used ☐ Model: _____ Make: _____ M&MCode: _____
 SellingPrice: _____ Deposit: _____
PERSONALDETAILS:
 Title: _____ Surname: _____ Initials: _____ Full Names: _____
 Male ☐ Female ☐ IDNo.: _____ Email: _____
 Married: ☐ (ANC ☐ COP ☐ Date Married: YYYY/MM/DD Single: ☐ Widowed ☐
 Home Address: _____ Period: Y ☐ M ☐
 Postal Address: _____ Code: _____
 Tel(H): _____ Tel(W): _____ Cell: _____
EMPLOYERDETAILS:
 Employer: _____ Occupation: _____ Period: Y ☐ M ☐
 Employer Address: _____ Employer Tel: _____
SPOUSEDDETAILS(IFAPPLICABLE):
 Spouse Names: _____ Spouse IDNo.: _____
 Spouse Employer: _____ Occupation: _____ Employer Tel: _____ Period: Y ☐ M ☐
 Tel(H): _____ Tel(W): _____ Cell: _____
NEXTOFKIN-SOMEBODYNOTLIVINGWITHYOU:

Full Name: _____ Relationship: _____ TelNo.: _____

BONDDetails:
 Bank: _____ Outstanding Amount: _____ Instalment: _____
 Registered in: Own Name ☐ Spouse Name ☐ Both ☐ Property Value: _____
BANKINGDETAILS:
 Bank Name: _____ Type of Account: Cheque ☐ Savings ☐ Branch Code: _____
 Name of Account Holder: _____ Account No.: _____

Salary Details	Own	Spouse
Basic Monthly (Excl Car Allowance)		
Car Allowance		
Total Salary (Basic & Car Allowance)		
Monthly Commission		
Net Take Home Pay		
Income other than Salary / Wages		
Monthly Household Expenses		
Bond Payment / Rent	R	Rates, Water & Electricity R
Vehicle Instalments (Excluding those that need to be settled)	R	Personal Loan Repayments R
Credit Card Repayments	R	Furniture Accounts R
Clothing Accounts	R	Overdraft Repayments R
Policy / Insurance Repayments	R	Telephone Payment R
Transport Costs	R	Food and Entertainment R
Education Costs	R	Maintenance R
Household Expenses	R	Other R
Total Monthly Household Expenses	R	
Household Surplus / Disposable Income	R	



I hereby give consent to the Dealership (OMC Motors) to make inquiries about my credit record with any credit provider agencies and to obtain whatever information on me that they might require to process the credit application and / or application for insurance. I hereby declare that all of the above information is true and correct.

Signature: _____

Date: _____